P05000040225

(Re	equestor's Name)	
(Ac	ddress)	
(Ác	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
. (Bı	usiness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



700235344347

05/21/12--01015--020 **35.00

DIVISION OF CORPORATIONS

DIRES (105/03/12

COVER LETTER

TO: - Amendment Section Division of Corporations

SUBJECT: TIMM GROUP, INC	
	(Name of Corporation)
DOCUMENT NUMBER: P050	00040225
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	acerning this matter to the following:
WILLIAM M SCHAFLE	
(Name of Perso	on)
(Name of Firm/Cor	npany)
3412 RED ROCK DRIVE	
(Address)	,
LAND O LAKES, FL 34639	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
WILLIAM M SCHAFLE	at (727) 992-1114 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

. hereby resign as	VICE PRES & DIRECTOR
,,	(Title)
orporation)	,
_, a corporation organized under the laws of the State of	
	• •

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314